

# **TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT NOTICE OF FUNDS AVAILABLE FOR FY 2004 – FY 2005**

The Indiana State Department of Health (ISDH) – Maternal and Child Health (MCH) Services announces the availability of \$6.3 million per year for FY 2004 and FY 2005 in Title V, MCH Block Grant funds (two-year period October 1, 2003 through September 30, 2005). Grantees funded in FY2003 may request up to 5% more funding per year than their current contract. ISDH –MCHS will focus resources on funding services to improve the health of women of child bearing age, infants, and children in the 24 high-risk Indiana counties with the poorest MCH outcomes.

Applicants requesting funding to provide services outside of the 24 targeted high-risk counties must justify each county's specific need, as determined by public health data, for those services. MCHS will consider Health Professional Shortage Areas (HPSA's), Medically Underserved Areas (MUA's), counties with areas of high-risk lead concentration, counties with inadequate child health providers as identified by the Office of Medicaid Policy and Planning (OMPP), inadequate prenatal care providers, and other resources available in the high-risk counties. MCH projects funded in FY 2002 must validate the effectiveness of their services by submission of an Annual Performance Report.

Services to be funded must impact at least one of the following: infant mortality, low birthweight, very low birthweight, prenatal care usage, and access to care and chronic disease prevention for women of childbearing age and families through weight reduction and smoking cessation efforts. Services to be funded will include child health direct medical services, prenatal direct care and care coordination services, family planning services, genetics, school-based adolescent health services, family care coordination services, and women's health services.

All direct service applicants must be able to obtain Medicaid reimbursement for all direct medical services provided. Applicants must establish/maintain linkages with, community health centers, community mental health centers, and schools to promote comprehensive care.

Applicants in counties with more than 5,000 Black residents and/or significant numbers of other minority populations must indicate how they will address disparities in health outcomes and must update a performance objective regarding outreach and culturally competent services to those populations.

Resources will be focused on funding services that address the following ISDH priorities:

- The following 24 counties with poor MCH indicators;

Adams	Allen	Clark	Daviess	DeKalb
Delaware	Elkhart	Floyd	Grant	Jackson
Kosciusko	LaGrange	Lake	LaPorte	Madison
Marion	Montgomery	Noble	Scott	St. Joseph
Tippecanoe	Vanderburgh	Vigo	Wayne	

- Health Professional Shortage Areas (HPSA's), Medically Underserved Areas (MUA's), counties with inadequate child health providers as identified by the Office of Medicaid Policy and Planning (OMPP)
- Increase access to health care, including dental care, for pregnant women, infants, children, adolescents and children with special health care needs
- Decrease health disparities
- Decrease infant mortality, low birth weight, and very low birth weight
- Increase first trimester entry into prenatal care
- Reduce high-risk pregnancy and the teen birth rate
- Reduce environmentally related health conditions like lead poisoning, asthma, and injury to infants and children
- Decrease risk behaviors in adolescents
- Increase immunization rates
- Address chronic disease morbidity and mortality through better management of chronic diseases such as diabetes and obesity
- Decrease tobacco use
- Reduce obesity

There will be a technical assistance meetings on how to complete the grant application on March 20, 2003, from 9:30 a.m. – 12:00 p.m., (Indianapolis time) in Training Rooms T1 and T2 (8<sup>th</sup> Floor) at the Indiana State Health Department, 2 North Meridian Street, Indianapolis. Seating is limited so please send only 1 person from your organization unless you clear this with Kimberly Rief by phone (317) 233-1261, FAX (317) 233-1300, or e-mail: [krief@isdh.state.in.us](mailto:krief@isdh.state.in.us) no later than March 14, 2003.

Applications must be received by ISDH-MCH no later than close-of-business April 30, 2003. Each application will be read and scored by several reviewers using the Grant Application Scoring Tool included with the application. Funding recommendations will be made by a review committee. Notification of funding will be sent by August 15, 2003

Questions regarding the application process may be directed to Audie Gilmer, Grants Coordinator, Maternal and Child Health Services, at (317) 233-1241. Questions regarding completion of the Application should be directed to the Health Systems Development Consultant assigned to the county in which the applicant's administrative office is located (See Consultant Map in Appendix C).

**FY 2004 – FY 2005 Application for Maternal and Child Health  
Block Grant Funds**

**Instructions**

1. An application for Maternal and Child Health Block Grant funds must be received by Maternal and Child Health Services by the close of business on **April 30, 2003**.
2. Mail application to: Indiana State Department of Health  
Maternal and Child Health Services  
ATTENTION: Kimberly Rief  
2 North Meridian Street, Section 8C  
Indianapolis, IN 46204
3. Submit the original proposal and three copies. Do not bind or staple.
4. The application must be typed (no smaller than 12 pitch, printed on one side only) and double-spaced. Each page must be numbered sequentially beginning with Form A, the Applicant Information page.
5. The narrative sections of the application must not exceed 30 double spaced typed pages. Applications exceeding this limit will not be reviewed.
6. Appendices, excluding C.V.'s, must not exceed 20 pages. Appendices that serve only to extend the narrative portion of the application will not be accepted.
7. The application must follow the format and order presented in this guidance. Applications that do not follow this format and order will not be reviewed.
8. The application will not be reviewed if all sections are not submitted.

Note: Questions about this application should be directed to Audie Gilmer, Grants Coordinator, at 317/233-1241 or the Health Systems Development Consultant (HSD) assigned to the county in which the program is proposed. (See Appendix C - MCH Consultant Assignments Map).

## **Informing Local Health Officers of Proposal Submission**

Submit copies of letters sent to the local health officers, from all jurisdictions in the proposed service area, informing them of your application. These letters should include requests for support and collaboration and indicate that the proposal was included for review by the health officer(s).

## **FORMS**

**Applicant Information (Form A)**

**MCH Project Description (Forms B-1 and B-2)**

**Funding Currently Received by Your Agency from ISDH (Form C)**

## **APPENDICES**

**Appendix A – Monitoring Data**

**Appendix B – Definitions**

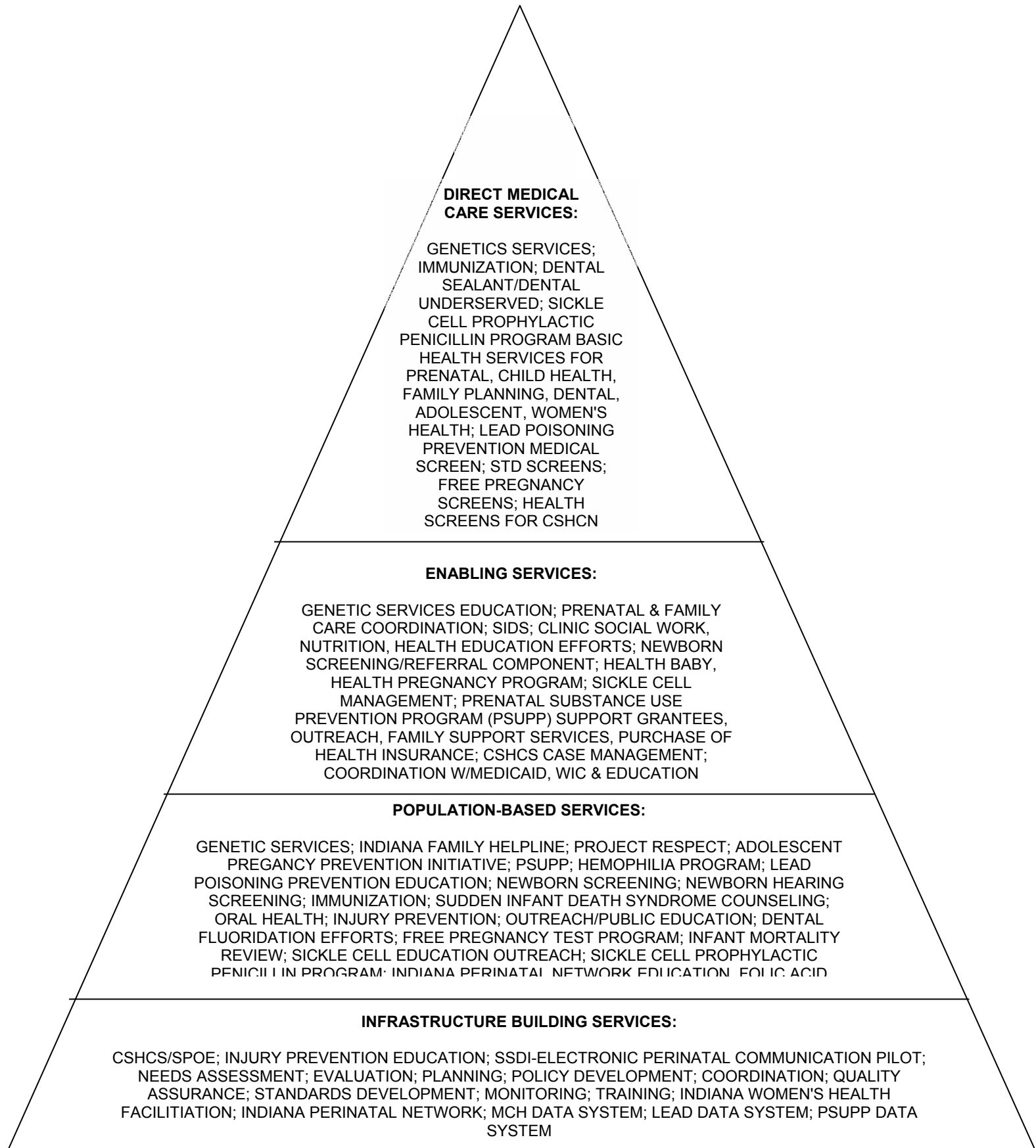
**Appendix C – MCH Consultant Assignments Map**

**Appendix D –Hoosier Healthwise Pediatric Physician Participation**

## **WEBSITES**

- Application with linkages to data: <http://www.state.in.us/isdh/programs/mch/index.htm>
- Direct data sites for: MUA/HPSA data: <http://www.bphc.hrsa.gov/bphc/database.htm>
- Health data: <http://www.in.gov/isdh>
- Poverty data: [http://www.stats.indiana.edu/welfare\\_topic\\_page.html](http://www.stats.indiana.edu/welfare_topic_page.html)
- “Best Practice” guidelines for pregnant women: <http://www.indianaperinatal.org>
- Health Professional Shortage Area and Medically Underserved Area Designation Map - <http://www.in.gov/isdh/publications/llo/shortages/shortage.htm>

**FIGURE 2: CORE PUBLIC HEALTH SERVICES**



## **FY 2004 - FY 2005 MCH Application Guidance**

### **1. Applicant Information Page (Form A)**

This is the first page of the proposal. **Complete all items on the page provided (Form A).** The project director, the person authorized to make legal and contractual agreements for the applicant agency, and STEP AHEAD County Coordinator(s) must sign and date the document. The signature of the Step Ahead County Coordinator for each county served is required (add a page if necessary). If the project will not require a medical and/or dental director, write "not applicable" on the appropriate line(s).

### **2. Table of Contents**

The table of contents must indicate the page where each section begins, including appendices.

### **3. MCH Proposal Narrative**

#### **A. Summary**

Begin this page with the Title of Project as stated on the Applicant Information Page. The summary will provide the reviewer a succinct and clear overview of the MCH proposal. The summary will be the last section written and should:

- relate to Title V program services only
- identify the problem(s) to be addressed
- succinctly state the objectives
- include an overview of solutions (methods)
- currently funded programs should emphasize accomplishments/progress made toward previously identified MCH objectives and outcomes
- currently functioning services, indicate the percentage of the target population served by your project and the percentage of minority clients among your population.

#### **B. Form Completion**

**All information on the MCH Project Description (Form B) must be completed.** Indicate separately how many clients will be served for FY 2004 and for FY 2005. This summary form with its narrative will become part of the contract and will also be used as a fact sheet on the project. Page B-2 requests specific information on each clinic site. The following information should be included:

- Project Description section must include at a minimum history of the project, problems to be addressed, and a summary of the objectives and work plan. Any other information relevant to the project may also be included.
- MCH-Target population and estimated number to be served on page B-2 is for the individual clinic site(s) and is the number to be served with MCH and MCH matching funds.



- MCH budget for site is the estimated MCH and MCH matching funds budgeted for the individual clinic site.
- Services provided in MCH budget site should include only those services provided with MCH and MCH matching funds.
- Other services provided at site should include all services offered at clinic site other than MCH and MCH matching funded services.

#### **4. Applicant Agency Description**

This description of the sponsoring agency should:

- include a statement of purpose (mission statement)
- include a brief history
- identify strengths and specific accomplishments pertinent to this proposal
- include a discussion of the administrative structure within which the project will function within the total organization. Attach an organization chart.
- identify project locations and discuss how they will be an asset to the project.
- include a discussion on the collaboration that will occur between the project and other organizations and healthcare providers. The discussion should identify the role of other local agencies and specify how each collaborates with your organization. Attach MOU's, MOA's if not previously submitted

**Note:** Large organizations should write this description for the unit directly responsible for administration of the project.

#### **5. Statement of Need**

Describe the specific problem(s) or need(s) to be addressed by the project. This section must address those MCH priorities that you intend to impact.

- clearly relate to the purpose of the applicant agency
- be supported by data available on the ISDH website and/or from local sources. This evidence must show that the problem(s) or need(s) exist(s) in *your* community.
- describe the system of care and how successfully the project fits into the system (identify the public service providers and the number of private providers in the area serving the same population with the same services and indicate a need for the project)
- describe the target population(s) and numbers to be served and identify catchment areas
- be client/consumer focused
- describe barriers to access to care

#### **6. Outcome and Performance Objective's and Activities**

The federal Maternal and Child Health Bureau (MCHB) mandates ISDH MCHS to impact six Outcome Measures and 18 Performance Measures in addition to seven (7) State Negotiated Performance measures.

MCHS requires that grantees be accountable for some of the 18 MCHB and 7 State Negotiated Performance Measures that relate to their service category and some related Performance Measures that require direct or enabling services to make an impact (See Tables 1-15). Most of these Performance Measures have Healthy People (HP) 2010 goals that are listed in the last column.

Tables 1-15 provide the format for applicants to indicate the goal (Annual Performance Objective) for each Performance Measure, the baseline from which the project will improve or maintain the Performance Measures, and the activities on which the project will focus to impact the performance measure (Work Plan Measurable Activities). For each activity on the table, the applicant must indicate a clear and measurable objective as to how the activity will be measured, what documentation will be used to measure that activity, and the staff responsible for implementing and measuring that activity.

Applicants are to complete the Performance Measure Tables that are appropriate for the MCH Service Categories (Pregnant Women, Prenatal Care Coordination [PNCC], School-Based Adolescents [SBA], Family Planning [FP], Family Care Coordination [FCC], Child Health [CH], Women's Health [WH], or Genetics [GEN]) of the client population that the applicant intends to serve with MCH funds. There is an additional blank table for project specific performance objectives and activities that an applicant is expected to add based on local needs. This blank table should be copied for each additional objective and activities added by the project. Project specific activities will be evaluated as part of the quality evaluation of the project.

Tables 1-15 are to be used by grantees to monitor progress on each activity and to submit in the Annual Performance Report for FY 2004 when it is completed. The columns on the Tables for Quarterly Results, Adjustment in Work Plan, and Problems are also to be completed and submitted with the FY 2004 Annual Performance Report. MCHS consultants will contact projects quarterly to monitor progress on the activities and provide technical assistance.

All applicants are required to collect data for monitoring purposes. See Appendix A for required monitoring data elements. This information will be reported in the FY 2004 and FY 2005 Annual Performance Reports.

## **7. Evaluation Plan**

Discuss the methodology for measuring the achievement of activities. The plan should include intermediate measures as well as assessment at the end of the funding period. A quality evaluation requires that:

- project-specific activities to meet objectives are clear and measurable
- staff responsible for the evaluation is identified
- what data will be collected and how it will be collected are identified
- appropriate methods are used to analyze the data
- how and to whom data will be reported are identified
- measures to be taken if improvement is needed are identified

Include client surveys and quality assurance in the evaluation plan.

**8. Staff**

Describe the relevant education, training, and work experience of the staff that will enable them to successfully develop, implement, and evaluate the project. Submit job descriptions and curriculum vitae of key staff as an appendix. Copies of current professional licenses and certifications must be on file at the organization.

**9. Facilities**

Describe the facilities that will house project services addressing the adequacy, accessibility for individuals with disabilities in accordance with the Americans with "Disabilities Act of 1990, and assuring that project facilities will be smoke-free at all times. Hours of operation must be posted and visible from outside the facility. (Include evening and weekend hours to increase service accessibility and indicate hours of operation at each site on Form B2).

**10. Budget and Budget Narrative**

**Complete this entire section providing separate information for FY 2004 and for FY 2005.** The budget is an estimate of what the project will cost. Complete the standard budget forms (MCH Budget pages 1, 2, and 3) provided according to directions. Do not substitute a different format. Matching funds must be included in the total budget. (See budget instructions for matching funds requirements.) The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.28 per mile), and reason for travel.

Complete Form C – List all ISDH funding received by proposing organization in FY 2003.

**11. Minority Participation**

All applicants must include a statement regarding minority participation with other entities in the operation of their MCH program. For example: they do business with MBE (a local printer) and do business with Basic Medical Services (a medical supply company), both minority vendors, and that business totals 10% of their MCH program budget.

**12. Endorsements**

Submit letters of support and memoranda of understanding (MOU's) that demonstrate a commitment to collaboration between the applicant agency and other relevant community organizations. Letters of support and MOU's must be current.

The local health officer in each county where services are proposed must be notified that the organization is proposing services (signature of health officer on Form A is sufficient; if signature cannot be obtained, include copy of organization's letter to the health officer in each service county advising of proposal submission to ISDH).

## MCH REQUIRED FORMS AND TABLES

Forms and tables to be completed for each service provider category. (Shaded boxes indicate forms and tables that are NOT to be completed by the service provider.)

	PW	CH	FP	GEN	SBA	FCC	WH
FORM A							
FORMS B1, B2							
FORM C							
TABLE 1							
TABLES 2-3							
TABLE 4							
TABLE 5							
TABLE 6A							
TABLE 6B		< 1yr					
TABLE 6C		1-3 yrs					
TABLE 7							
TABLE 8							
TABLE 9							
TABLES 10-11							
TABLES 12-15							
OPTIONAL							

Providers serving counties with a population of at least 5,000 African Americans or counties with significant numbers of other minority populations must identify activities for the objective regarding disparities in health outcomes and must update a performance objective regarding outreach and culturally competent services to those populations. (Providers serving the following counties are considered to have a population of at least 5,000 African Americans: Allen, Delaware, Elkhart, Grant, Lake, LaPorte, Madison, Marion, St. Joseph, Vanderburgh, and Vigo.)

### Providers

PW - Pregnant Women

CH - Child Health

FP - Family Planning

GEN - Genetics

SBA - School-Based Adolescent

FCC - Family Care Coordination

WH – Women’s Health

Project Number: \_\_\_\_\_

Table 1

**SERVICE CATEGORIES: PREGNANT WOMEN; SCHOOL BASED ADOLESCENT (circle service category)****MCHS Performance Measure 1: Proportion of infants born to pregnant women receiving prenatal care in the first trimester.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010 Goals
<b>Annual Performance Objective 1:</b> Increase the percent of infants born to women initiating prenatal care in the first trimester to:	%	%	%	%	%	%	<b>90</b> %
<u>Annual Performance Indicator [N/D x 100]:</u> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<u>Numerator (N):</u> # of pregnant women enrolled in Project with reported first prenatal visit during the first trimester							
<u>Denominator (D):</u> # of pregnant women enrolled in the Project during the fiscal year							

**(For Annual Report use only)****PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO**DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
1. 100% of pregnant women will receive information on folic acid at the first visit.	# of pregnant women who receive folic acid materials.	1. Chart audit 2. FRED documentation		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 2

**SERVICE CATEGORIES: PREGNANT WOMEN****MCHS Performance Measure 2: Proportion of low birth weight births.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective 2:</b> Reduce the percent of low birth weight infants among all live births to:	%	%	%	%	%	%	<b>5</b> %
<u>Annual Performance Indicator [N/D x 100]:</u> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<u>Numerator (N):</u> # of live births in Project with birth weight < 2500 grams							
<u>Denominator (D):</u> # of live births in Project to women seen through 32 weeks who had at least 3 visits							

**(For Annual Report use only)****PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO**DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
1. 100% of all prenatal clients will receive preterm labor education at 20-24 weeks.	Min. chart audit with FRED verification (10 charts)	1. Chart audit 2. FRED documentation		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
2. 100% of clients will be educated in appropriate weight gain at first visit.	Chart Audit for documented weight gain grid at first visit and each visit thereafter	Weight gain grid and chart documentation.		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
3. Semi annual review of all LBW births and neonatal deaths	LBW and Infant Death screening tool will be used for review with summary of improvements to be made.	Documentation of LBW and neonatals Deaths reviewed twice a year.		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 3

**SERVICE CATEGORIES: PREGNANT WOMEN****MCHS Performance Measure 3: Proportion of mothers breastfeeding at hospital discharge**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective 3:</b> Increase the percent of mothers breastfeeding their infant at hospital discharge to:	%	%	%	%	%	%	<b>75 %</b>
<u>Annual Performance Indicator [N/D x 100]:</u> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<u>Numerator (N):</u> #of mothers in Project breastfeeding their infant at discharge							
<u>Denominator (D):</u> # of new mothers in Project who were seen through postpartum period							

**(For Annual Report use only)****PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO**DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
1. 100% of pregnant women will receive information on the advantages of breastfeeding by 28 weeks gestation.	1.Chart documentation 2.FRED entry	1.Chart audit 2.FRED documentation.		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 4

**SERVICE CATEGORIES: PREGNANT WOMEN; FAMILY PLANNING; FCC (circle service category)****MCHS Performance Measure 4: Proportion of women who reduced or stopped smoking.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2004	HP 2010
<b>Annual Performance Objective 4:</b> Increase the percent of women served by MCH who reduce or stop smoking to:	%	%	%	%	%	%	<b>NA</b>
<u>Annual Performance Indicator [N/D x 100]:</u> (Actual progress performance from which to improve or baseline.)	%	%	%	%	%	%	
<u>Numerator (N):</u> # of women served by Project who smoked at the initial visit who reduced or stopped smoking by last trimester or last visit.							
<u>Denominator (D):</u> # of women served by Project who smoked at the initial visit for <b>1. Prenatal Care-</b> and were seen through 32 weeks of pregnancy, received at least 3 visits and delivered; or <b>2. Prenatal Care Coordination-</b> and were seen through the 3 <sup>rd</sup> trimester <b>3. Family Planning-</b> and were seen at least twice.							

(For Annual Report use only) PERFORMANCE OBJECTIVE MET: <input type="checkbox"/> YES <input type="checkbox"/> NO DATA SOURCE: _____						
Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly Results	Adjustments in work plan	Problems
1. 100% of clients will be ASKed if they smoke at the initial visit.	1.Chart documentation 2.FRED entry (or Ahlers if FP)	1.Chart audit 2.FRED documentation		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
2. _____% identified as smokers will have smoking status documented at every visit.	1.Chart documentation 2.FRED entry	1.Chart audit 2.FRED documentation		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
3. 100% clients who want to stop smoking will be provided with resources or referrals.	1.Chart documentation 2.FRED entry	1.Chart Audit 2.FRED documentation		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		



Project Number: \_\_\_\_\_

Table 5

**SERVICE CATEGORIES: CHILD HEALTH, FAMILY CARE COORDINATION (circle service category)****MCHS Performance Measure 5: Proportion of children who have completed age appropriate immunizations by age 3.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective 5:</b> Increase the percent of two-year-olds who have received the full schedule of age appropriate immunizations to:	%	%	%	%	%	%	<b>80</b>
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of two-year-olds in Project who received full schedule of immunizations by their 3rd birthday							
<b>Denominator (D):</b> # of children in Project who were seen more than 1 time during the fiscal year, were enrolled before 18 months of age, and were 24-35 months of age on last day of fiscal year							

**(For Annual Report use only)****PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO**DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
1. ≥ 90% of children who are on a delayed immunization schedule will be identified, provided with an immunization, or referred to provider for immunization.	1. Documentation of clinic procedure for identifying, and providing services. 2. Chart documentation. 3. FRED entry	1. Written clinic procedure. 2. Chart audit 3. FRED documentation		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 6A

**SERVICE CATEGORIES:** CHILD HEALTH, SCHOOL BASED ADOLESCENTS, FP, FCC, WOMEN'S HEALTH (circle service category)

**MCHS Performance Measure 6A: Proportion of unduplicated clients receiving age appropriate care. (one preventive physical/yr.)**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase the percent of clients who have received the age appropriate number of comprehensive physical exams and screens during the fiscal year to:	%	%	%	%	%	%	<b>96</b> %
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of children over 3yrs and/or adults who received annual physical examinations and screens (specify MCH service category)							
<b>Denominator (D):</b> # of children over 3 yrs and/or adults enrolled in the clinic. (specify MCH service category)							

(For Annual Report use only) <b>PERFORMANCE OBJECTIVE MET:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>DATA SOURCE:</b> _____						
Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
<b>DIVERSITY TRAINING ACTIVITY</b>				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
<u>MINORITY OUTREACH ACTIVITY</u>				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
<b>DIVERSE PROJECT ENVIRONMENT/POLICY ACTIVITY</b>				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
<b>QUALITY ASSURANCE ACTIVITIES</b> (e.g. smoking screens etc)				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
<b>EDUCATIONAL ACTIVITIES</b> (second hand smoke, SIDS, childhood safety)				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

PM# \_\_\_\_\_

Table 6A continued

Project Number: \_\_\_\_\_

Table 6B

**SERVICE CATEGORIES: CHILD HEALTH < 1 year****MCHS Performance Measure 6B: Proportion of unduplicated clients receiving age appropriate care.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase the percent of clients who have received the age appropriate number of comprehensive physical exams and screens during the fiscal year to:	%	%	%	%	%	%	<b>96</b> %
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> Infants under 1 yr: # of infants who received care from 3 months to 12 months of age who reached 12 months of age during the fiscal year who received $\geq$ 4 periodicity visits.							
<b>Denominator (D):</b> Infants under 1 yr: Infants who have received care from at least 3 months to 12 months of age who reach 12 months of age during the fiscal year.							

**(For Annual Report use only)****PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO **DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
<b>DIVERSITY TRAINING ACTIVITY</b>				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
<b>MINORITY OUTREACH ACTIVITY</b>				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
<b>B. DIVERSE PROJECT ENVIRONMENT/POLICY ACTIVITY</b>				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Table 6B continued

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
<b>QUALITY ASSURANCE ACTIVITIES</b> (e.g. smoking screens etc)				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
<b>EDUCATIONAL ACTIVITIES</b> (second hand smoke, SIDS, childhood safety)				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number:

Table 6C

## SERVICE CATEGORIES: CHILD HEALTH 1-3

MCHS Performance Measure 6C: Proportion of unduplicated clients receiving age appropriate care.

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase the percent of clients who have received the age appropriate number of comprehensive physical exams and screens during the fiscal year to:	%	%	%	%	%	%	<b>96</b> %
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> Toddlers ( $\leq 3$ yrs): # of toddlers who received at least 3 periodicity guideline visits between 1 yr and 3 yrs.							
<b>Denominator (D):</b> Toddlers ( $\leq 3$ yrs): # of toddlers between 1 yr and 3 yrs enrolled in clinic during fiscal year.							

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO

DATA SOURCE \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
DIVERSITY TRAINING ACTIVITIES				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
MINORITY OUTREACH ACTIVITY				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
DIVERSE PROJECT ENVIRONMENT/POLICY C. ACTIVITY				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
<b>QUALITY ASSURANCE ACTIVITIES</b> (e.g. smoking screens etc)				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
<b>EDUCATIONAL ACTIVITIES</b> (second hand smoke, SIDS, childhood safety)				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

PM# \_\_\_\_\_

Table 6C continued

Project Number: \_\_\_\_\_

Table 7

**SERVICE CATEGORIES: FAMILY CARE COORDINATION, CHILD HEALTH**

MCHS Performance Measure 7: Proportion of children exposed in home to second-hand smoke.

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP2010
<b>Annual Performance Objective :</b> Reduce the percent of children exposed in home to second-hand smoke to:	%	%	%	%	%	%	%
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of children in Project no longer exposed to second-hand smoke at subsequent visit.							
<b>Denominator (D):</b> # of children in project identified at first visit as exposed to second-hand smoke.							

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO

DATA SOURCE: \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		



Project Number: \_\_\_\_\_

Table 8

**SERVICE CATEGORIES: SCHOOL BASED ADOLESCENTS, FCC (circle service category)**

**MCBS Performance Measure 8: Proportion of clients with medical home.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase the percent of clients with medical home to:	%	%	%	%	%	%	<b>85</b> %
<u>Annual Performance Indicator [N/D x 100]:</u> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<u>Numerator (N):</u> # of clients in project with medical home							
<u>Denominator (D):</u> # of clients in project.							

**(For Annual Report use only)**

**PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO

**DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
1. 100% of clients are screened for health insurance coverage including Hoosier Healthwise.				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
2. 100% of age appropriate clients without coverage should be referred to Hoosier Healthwise.				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 9

**SERVICE CATEGORIES: SCHOOL BASED ADOLESCENTS**

MCCHS Performance Measure 9: Proportion of adolescents receiving a risk assessment that includes suicide/depression, smoking use, sexual activity and abusive relationships

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase the proportion of adolescents that are risked at the first visit to:	%	%	%	%	%	%	NA
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of adolescents risked.							
<b>Denominator (D):</b> # of adolescents enrolled in Project.							

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO

DATA SOURCE: \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 10

**SERVICE CATEGORIES: FAMILY PLANNING****MCHS Performance Measure 10: Proportion of women who wanted to become pregnant who received preconceptual counseling**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase the percent of women who want to become pregnant who receive preconceptual counseling to:	%	%	%	%	%	%	NA
<b>Annual Performance Indicator [N/D) x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of women in project who want to become pregnant who received preconceptual counseling in the project							
<b>Denominator (D):</b> # of women in project who want to become pregnant in the Project							

**(For Annual Report use only)****PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO**DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
1. Train all staff to provide folic acid education.	Attendance will be taken at training.	Attendance Sheets		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
2. Incorporate folic acid education into protocols.		Written Protocols with folic acid education included.		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
3. All women will be asked about pregnancy intendedness at first visit	1. Chart documentation. 2. Data collection entry.	1. Chart Audit. 2. FRED documentation or Ahlers		1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 11

**SERVICE CATEGORIES: FAMILY PLANNING****MCHS Performance Measure 11: Proportion of pregnancies that are unintended due to failed contraception or failure to use contraception.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Reduce the % of unintended pregnancies due to contraceptive failure or failure to use a method to:							
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	<b>7</b> %
<b>Numerator (N):</b> # of clients using contraception who become pregnant							
<b>Denominator (D):</b> # of clients who are using contraception enrolled in Project.							

**(For Annual Report use only)****PERFORMANCE OBJECTIVE MET:** ☐ YES ☐ NO**DATA SOURCE:** \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 12

## SERVICE CATEGORIES: GENETICS

MCHS Performance Measure 12: Proportion of childbearing age women served who receive preconception folic acid education.

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase the percentage of women of child-bearing age receiving folic acid education to:	%	%	%	%	%	%	NA
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of women age 15-44 in project who received folic acid education during the fiscal year							
<b>Denominator (D):</b> # of women age 15-44 in project in fiscal year.							

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO

DATA SOURCE: \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments In work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 13

## SERVICE CATEGORIES: GENETICS

MCHS Performance Measure 13: Proportion of women of childbearing age served who smoke, that are receiving smoking cessation education.

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase or maintain # of women of childbearing age who smoke, receive smoking cessation education to:	%	%	%	%	%	%	NA
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of women age 15-44 in project who smoke and receive smoking cessation education							
<b>Denominator (D):</b> # of women age 15-44 in project who smoke							

(For Annual Report use only) PERFORMANCE OBJECTIVE MET: <input type="checkbox"/> YES <input type="checkbox"/> NO DATA SOURCE: _____						
Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 14

## SERVICE CATEGORIES: GENETICS

**MCHS Performance Measure 14: Proportion of women of childbearing age, pregnant or contemplating pregnancy, receiving education on alcohol related birth defects.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Increase or maintain the percentage of women who are pregnant or contemplating pregnancy who receive alcohol related birth defect education to:	%	%	%	%	%	%	NA
<b>Annual Performance Indicator [N/D x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of women pre pregnant and pregnant, receiving genetic counseling who receive education on alcohol related birth defects.							
<b>Denominator (D):</b> # of women pre pregnant and pregnant receiving genetic counseling in Project							

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO

DATA SOURCE: \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

Project Number: \_\_\_\_\_

Table 15

## SERVICE CATEGORIES: GENETICS

**MCHS Performance Measure 15: Number of Genetics Education Presentations given.**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP 2010
<b>Annual Performance Objective :</b> Provide at least 2 education or training sessions to health professionals and/ or students and at least 2 education or training sessions to public groups.	%	%	%	%	%	%	NA
<b>Annual Performance Indicator [N/D]x 100]:</b> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<b>Numerator (N):</b> # of education or training sessions given to professionals or students plus # given to public.							
<b>Denominator (D):</b> 4 trainings							

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO

DATA SOURCE: \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
<u>MINORITY OUTREACH ACTIVITY</u>				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		



**Additional Performance Measure**  
**Project Number:**\_\_\_\_\_

**Table** \_\_\_\_\_

**SERVICE CATEGORIES:**

**MCHS Performance Measure:**

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	HP2010
<b>Annual Performance Objective :</b>							
	%	%	%	%	%	%	%
<u>Annual Performance Indicator [N/D x 100]:</u> (Actual progress performance from which to improve.)	%	%	%	%	%	%	
<u>Numerator (N):</u> #							
<u>Denominator (D):</u>							

(For Annual Report use only)						
PERFORMANCE OBJECTIVE MET: <input type="checkbox"/> YES <input type="checkbox"/> NO			DATA SOURCE: _____			
Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

PM \_\_\_\_\_ Additional Activities

Continued from previous page

Table \_\_\_\_\_

Work Plan Measurable Activities	How will activities be measured or demonstrated?	What documentation is used to measure?	Staff Responsible	Quarterly results	Adjustments in work plan	Problems
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		
				1 <sup>st</sup> _____ 5 <sup>th</sup> _____ 2 <sup>nd</sup> _____ 6 <sup>th</sup> _____ 3 <sup>rd</sup> _____ 7 <sup>th</sup> _____ 4 <sup>th</sup> _____ 8 <sup>th</sup> _____		

## BUDGET INSTRUCTIONS

**Materials Provided:** The following materials are included in this packet:

Instructions (pages 30 and 31)

## Definitions-Revenue Accounts (page 32)

## Chart of Account Codes (pages 33-34)

Non-allowable Expenditures (page 35)

Section I - Sources of Anticipated Revenue (MCH Budgets - 1 one for FY 2004, and one for FY 2005)

Section II - Estimated Costs and Clients to be Served (MCH Budgets – 2 one for FY 2004, and one for FY 2005)

Anticipated Expenditures (MCH Budgets – 3 one for FY 2004, and one for FY 2005)

*Review all materials and instructions before beginning to complete your budget.* If you have any questions relative to completing your project's budget, contact:

## Audra Gilmer

**317/233-1241**

**MCH Systems Development Consultant assigned to your county - See Appendix C.**

In completing the packet, remember that all amounts should be rounded to the nearest dollar.

## Completing Section I - Sources of Anticipated Revenue

List all anticipated revenue according to source. If the project was funded in previous years with Maternal and Child Health funds, estimate the cash you expect to have available from the previous year. This estimated cash on hand should be indicated by 400.1 and/or 400.2, respectively. If the estimated cash balance is negative, please list the estimate as \$0. All revenue used to support the project operations must be budgeted.

Projects must include matching funds equaling a minimum of 30% of the MCH budget. **"In-kind" contributions are not to be included in the budget. Projects that cannot meet these requirements must provide written justification in the budget narrative.** Matching funds are considered project income and are subject to the same guidelines as MCH funds (i.e., no equipment or out-of-state travel). Costs of a modem line for each of your MCH computers and costs of Internet access are allowable.

Non-matching funds are additional sources of support which are not included in the match. These funds are not considered project income and are not subject to MCH guidelines.

In the space at the bottom of Section I, please be sure to indicate how many hours are worked in a "normal" work week. This is usually determined by the applicant agency's policies.

## Completing Section II - Estimated Cost and Clients to be Served

It is essential that this form be completed accurately because the information will be used in your contract. Your project will be accountable for the services that are listed and the number estimated to be served.

Estimate the MCH Cost per Service listed e.g. how much of your MCH grant you propose to expend in each service. Figures for this, by service category, are listed in the column entitled **MCH COST PER SERVICE**". The total at the bottom of this column should equal the MCH grant award request.

Estimate the MCH Matching Funds allocated per service listed e.g., how much of the MCH match you propose to expend in each service. The total at the bottom of this column should equal the total match you are adding to the MCH award to fund this program.

Estimate the number of unduplicated clients by service category who will receive each service in the column titled **"TOTAL UNDUPLICATED # ESTIMATED TO BE SERVICED"** by both MCH and MCH Matching Funds.

### DEFINITIONS - REVENUE ACCOUNTS

Account	Account Title	Description
413	MCH Grant Request	Funds requested as reimbursement from the Indiana State Department of Health for project activities.
<b>Matching Funds*</b>		<i>Cash used for project activities that meet the matching requirements.*</i>
417	Local Appropriations	Monies appropriated from the local government to support project activities, e.g., local health maintenance fund.
419	First Steps	Monies received from First Steps for developmental disabilities services.
421	Donations - Cash	Monies received from donors to support project activities.
424	United Way/March of Dimes	Monies received from a United Way/March of Dimes agency to support project activities.
432	Title XIX – Hoosier Heathwise and Title XXI, CHIP	Monies received from Hoosier Healthwise and CHIP as reimbursement provided for services to eligible clients.
434	Private Insurance	Monies received from public health insurers for covered services provided to participating clients.
436	Patient Fees	Monies collected from clients for services provided based on Maternal and Child Health Services approved sliding fee schedule, including walk-ins.
437	Other Matching	Other income directly benefiting the project and not classified above which meets matching requirements.
<b>Nonmatching Funds</b>		<i>Funds which do not meet matching requirements.</i>
433	Title XX	Monies received from State Title XX agency (Family and Social Services Administration) for reimbursement provided for family planning services to eligible clients.
439	Other Nonmatching	Other income directly benefiting the project and not classified above which does not meet matching requirements.
<b>Estimated Cash on Hand</b> as of September 30, of last FY		<i>Monies received by the project during the previous fiscal years and not yet used for project expenditures.</i>
400.1	Matching Cash on Hand	Those monies received during previous years from sources classified as matching.
400.2	Nonmatching Cash on Hand	Those monies received during previous years from sources classified as nonmatching.

\* Matching requirements include:

1. Amounts are verifiable from grantee's records.
2. Funds are not included as a matching source for any other federally assisted programs.
3. Funds are allocated in the approved current budget.
4. Funds are spent for the Maternal and Child Health project as allocated and the expenditure of these funds is reported to Maternal and Child Health Services.
5. Funds are subject to the same guidelines as MCH grant funds (i.e., no equipment or out-of-state travel).

## SCHEDULE A - CHART OF ACCOUNT CODES

**111.000**

### PHYSICIANS

Clinical Geneticist	OB/GYN
Family Practice Physician	Other Physician
General Family Physician	Pediatrician
Genetic Fellow	Resident/Intern
Medical Geneticist	Substitutes/Temporaries
Neonatologist	Volunteers

**111.150**

### DENTISTS/HYGIENISTS

Dental Assistant	Substitutes/Temporaries
Dental Hygienist	Volunteers
Dentist	

**111.200**

### OTHER SERVICE PROVIDERS

Audiologist	Outreach Worker
Child Development Specialist	Physical Therapist
Community Educator	Physician Assistant
Community Health Worker	Psychologist
Family Planning Counselor	Psychometrist
Genetic Counselor (M.S.)	Speech Pathologist
Health Educator/Teacher	Substitutes/Temporaries
Occupational Therapist	Volunteers

**111.350**

### CARE COORDINATION

Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (B.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (M.S.W.)
Physician	Substitutes/Temporaries
Registered Dietitian	Volunteers
Registered Nurse	

**111.400**

### NURSES

Clinic Coordinator	Other Nurse
Community Health Nurse	Other Nurse Practitioner
Family Planning Nurse Practitioner	Pediatric Nurse Practitioner
Family Practice Nurse Practitioner	Registered Nurse
Licensed Midwife	School Nurse Practitioner
Licensed Practical Nurse	Substitutes/Temporaries
OB/GYN Nurse Practitioner	Volunteers

**111.600**

### SOCIAL SERVICE PROVIDERS

Caseworker	Social Worker (B.S.W.)
Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Substitutes/Temporaries
Counselor	Volunteers
Counselor (M.S.)	

**111.700**      NUTRITIONISTS/DIETITIANS

Dietitian (R.D. Eligible)	Registered Dietitian
Nutrition Educator	Substitutes/Temporaries
Nutritionist (Master Degree)	Volunteers

**111.800**      MEDICAL/DENTAL/PROJECT DIRECTOR

Dental Director	Project Director
Medical Director	

**111.825**      PROJECT COORDINATOR

**111.850**      OTHER ADMINISTRATION

Accountant/Finance/Bookkeeper	Laboratory Technician
Administrator/General Manager	Maintenance/Housekeeping
Clinic Aide	Nurse Aide
Clinic Coordinator (Administration)	Other Administration
Communications Coordinator	Programmer/Systems Analyst
Data Entry Clerk	Secretary/Clerk/Medical Record
Evaluator	Substitutes/Temporaries
Genetic Associate/Assistant	Volunteers
Laboratory Assistant	

**115.000**      FRINGE BENEFITS

**200.700**      TRAVEL

Conference Registrations	Out-of-State Staff Travel (only available with non-matching funds)
In-State Staff Travel	

**200.800**      RENTAL AND UTILITIES

Janitorial Services	Rental of Space
Other Rentals	Utilities
Rental of Equipment and Furniture	

**200.850**      COMMUNICATIONS

Postage (including UPS)	Reports
Printing Costs	Subscriptions
Publications	Telephone

**200.900**      OTHER EXPENDITURES

Insurance and Bonding	Insurance premiums for fire, theft, liability, fidelity bond Malpractice insurance premiums cannot be paid with funds. However, matching and nonmatching funds c used.
Maintenance and Repair	Maintenance and repair services for equipment, furniture, vehicles, and/or facilities used by the project.
--	
Other	Approved items not otherwise classified above.

## **EXAMPLES OF EXPENDITURE ITEMS WHICH WILL NOT BE ALLOWED**

The following may not be claimed as project cost for Maternal and Child Health projects:

1. Equipment;
2. Out-of-state travel;
3. Construction of buildings, building renovations;
4. Depreciation of existing buildings or equipment;
5. Contributions, gifts, donations, dues to societies, organizations, or federations; (NAWD Membership is only exception)
6. Entertainment, food;
7. Automobile purchase;
8. Interest and other financial costs;
9. Costs for in-hospital patient care;
10. Fines and penalties;
11. Fees for health services;
12. Accounting expenses for government agencies;
13. Bad debts;
14. Contingency funds;
15. Executive expenses (car rental, car phone, entertainment);
16. Client travel; and
17. Legislative lobbying.

For further clarification on items 1-17 please contact:

Audra Gilmer, Grants Coordinator, MCH, 317/233-1241



**SECTION I - BUDGET**  
**SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2004**

**Project Title:** \_\_\_\_\_ **Project #** \_\_\_\_\_

**Applicant Agency:** \_\_\_\_\_

413 Maternal and Child Health Grant Request (A) \$ \_\_\_\_\_

MATCHING FUNDS - CASH

417 Local Appropriations \$ \_\_\_\_\_

419 First Steps \$ \_\_\_\_\_

421 Cash Donations \$ \_\_\_\_\_

424 United Way/March of Dimes \$ \_\_\_\_\_

432 Hoosier Heathwise/CHIP (Titles XIX / XXI) \$ \_\_\_\_\_

434 Private Insurance \$ \_\_\_\_\_

436 Patient Fees \$ \_\_\_\_\_

437 Other Matching \$ \_\_\_\_\_

TOTAL MATCHING FUNDS (Cash) (B) \$ \_\_\_\_\_

NONMATCHING FUNDS - CASH

433 Title XX \$ \_\_\_\_\_

439 Other \$ \_\_\_\_\_

TOTAL NONMATCHING FUNDS (C) \$ \_\_\_\_\_

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2003

400.1 Matching \$ \_\_\_\_\_

400.2 Nonmatching \$ \_\_\_\_\_

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ \_\_\_\_\_

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ \_\_\_\_\_

A Full-Time Employee Works \_\_\_\_\_ Hours Per Week.

# **SECTION I - BUDGET**

## **SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2005**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

413 Maternal and Child Health Grant Request (A) \$ \_\_\_\_\_

### MATCHING FUNDS - CASH

417 Local Appropriations \$ \_\_\_\_\_

419 First Steps \$ \_\_\_\_\_

421 Cash Donations \$ \_\_\_\_\_

424 United Way/March of Dimes \$ \_\_\_\_\_

432 Hoosier Heathwise/CHIP (Titles XIX / XXI) \$ \_\_\_\_\_

434 Private Insurance \$ \_\_\_\_\_

436 Patient Fees \$ \_\_\_\_\_

437 Other Matching \$ \_\_\_\_\_

TOTAL MATCHING FUNDS (Cash) (B) \$ \_\_\_\_\_

### NONMATCHING FUNDS - CASH

433 Title XX \$ \_\_\_\_\_

439 Other \$ \_\_\_\_\_

TOTAL NONMATCHING FUNDS (C) \$ \_\_\_\_\_

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2003

400.1 Matching \$ \_\_\_\_\_

400.2 Nonmatching \$ \_\_\_\_\_

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ \_\_\_\_\_

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ \_\_\_\_\_

A Full-Time Employee Works \_\_\_\_\_ Hours Per Week.

**SECTION II - BUDGET**  
**MCH AND MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FISCAL YEAR 2004**

**Project Title:** \_\_\_\_\_ **Project #** \_\_\_\_\_

**Applicant Agency:** \_\_\_\_\_

Service	MCH Cost Per Service <sup>1</sup>	MCH Matching Funds Allocated Per Service <sup>3</sup>	Total Unduplicated # Estimated To Be Served by MCH and MCH Matching Funds <sup>5</sup>
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care <sup>6</sup>			
Child Health Care <sup>7</sup>			
Family Planning			
Genetic – Clinical			
Genetic – Prenatal			
School Based Adolescent Health			
Family Care Coordination			
Other (List):			
TOTAL	2	4	

<sup>1</sup>Cells in this column should reflect the amount of the MCH grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.

<sup>2</sup>This cell should reflect the total grant request (line A from MCH Budget – 1).

<sup>3</sup> Cells in this column should reflect the amount of MCH matching funds estimated to be spent on specific services.

<sup>4</sup> This cell should reflect total MCH matching funds estimated to be spent on MCH services (line B from MCH Budget –1)

<sup>5</sup>Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year

<sup>6</sup> Infant - under 1 year of age.

<sup>7</sup> Child Health - ages 1 year to 22 years.

**SECTION II - BUDGET**  
**MCH AND MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE  
SERVED FISCAL YEAR 2005**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

Service	MCH Cost Per Service <sup>1</sup>	MCH Matching Funds Allocated Per Service <sup>3</sup>	Total Unduplicated # Estimated To Be Served by MCH and MCH Matching Funds <sup>5</sup>
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care <sup>6</sup>			
Child Health Care <sup>7</sup>			
Family Planning			
Genetic – Clinical			
Genetic – Prenatal			
School Based Adolescent Health			
Family Care Coordination			
Other (List):			
TOTAL	2	4	

<sup>1</sup>Cells in this column should reflect the amount of the MCH grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.

<sup>2</sup>This cell should reflect the total grant request (line A from MCH Budget – 1).

<sup>3</sup> Cells in this column should reflect the amount of MCH matching funds estimated to be spent on specific services.

<sup>4</sup> This cell should reflect total MCH matching funds estimated to be spent on MCH services (line B from MCH Budget –1)

<sup>5</sup>Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year

<sup>6</sup> Infant - under 1 year of age.

<sup>7</sup> Child Health - ages 1 year to 22 years.

ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2004

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_ Applicant Agency: \_\_\_\_\_

Acct. Number	Description Number	Total Funds	GRANT FUNDS	MATCHING FUNDS									NON-MATCHING FUNDS			Normal Work Wk. _____ Hours Budgeted on Project <sup>1</sup>
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
	Schedule A															
111.000	Physicians															
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/ Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits															
	Schedule B															
200.000	Contractual Services															
200.500	Equipment															
200.600	Consumable Supplies															
200.700	Travel															
200.800	Rental and Utilities															
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A																
SUBTOTAL SCHEDULE B																
TOTAL																

<sup>1</sup>Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

**ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2005**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_ Applicant Agency: \_\_\_\_\_

Acct. Number	Description Number	Total Funds	GRANT FUNDS	MATCHING FUNDS									NON-MATCHING FUNDS			Normal Work Wk. _____ Hours Budgeted on Project <sup>1</sup>
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
	<b>Schedule A</b>															
111.000	Physicians															
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/ Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits															
	<b>Schedule B</b>															
200.000	Contractual Services															
200.500	Equipment															
200.600	Consumable Supplies															
200.700	Travel															
200.800	Rental and Utilities															
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A																
SUBTOTAL SCHEDULE B																
TOTAL																

<sup>1</sup>Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

TITLE V MATERNAL AND CHILD HEALTH  
APPLICATION  
FY 2004 - 2005

Title of Project _____	Federal I.D. # _____
Medicaid provider Number: _____	FY 2003 MCH Contract Amount \$ _____
FY 2004 MCH Amount Requested: \$ _____	FY 2004 Matching Funds Contributed \$ _____
FY 2005 MCH Amount Requested: \$ _____	FY 2005 Matching Funds Contributed \$ _____
Legal Agency /Organization Name: _____	

Street _____	City _____	Zip Code _____
Phone _____	FAX _____	E-Mail Address _____

Project Director (type name) _____	Phone _____	E-Mail Address _____
------------------------------------	-------------	----------------------

Board President/Chairperson (type name) _____	Phone _____
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Project Medical Director (type name) _____	Phone _____
--	-------------

Agency CEO or Official Custodian of Funds (type name) _____	Title _____	Phone _____
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Signature of Project Director _____	Date _____
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Signature of person authorized to make legal And contractual agreement for the applicant agency _____	Title _____	Date _____
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Signature of STEP AHEAD County Coordinator _____	County _____	Date _____
--	--------------	------------

Signature of County Health Officer _____	County _____	Date _____
--	--------------	------------

Are you registered with the Secretary of State?      ☐ Yes      ☐ No

43



MCH Project Name:		Project Number:	# Clinic Sites
Clinic Site Address:	Clinic Schedule: (days & times)	MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		

**FUNDING CURRENTLY RECEIVED BY YOUR AGENCY  
FROM THE INDIANA STATE DEPARTMENT OF HEALTH**

LIST ALL SOURCES OF ISDH FUNDING

[illegible]

**COMMENTS:**

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## MCH Monitoring Data

In addition to the data collection for the objectives, projects are required to collect data for monitoring purposes. The monitoring data will relate to specific objectives and will be reported in the Annual Performance Report. Following is a list of the monitoring data to be collected for each service category.

### Child Health:

#### Monitoring Data:

Projects are expected to meet MCH standards and to report:

- number of clients who received lead screening
- incidence of medical conditions
- number of clients with at least one medical problem identified, by type
- number of clients with inappropriate weight for height

### Family Care Coordination:

#### Monitoring Data:

Projects are expected to report:

- percent of referrals completed
- 5 leading education topics
- 5 leading supplemental problems

### Family Planning:

#### Monitoring Data:

Projects are expected to report:

- % of clients who received a PAP test within last 12 months
- % of female clients with breast examination within last 12 months
- % of clients tested who have gonorrhea
- % of clients tested who have syphilis
- % of clients tested who have chlamydia trachomatis infection
- breast cancer mortality rate (county)
- cervical cancer death rate (county)

### Women's Health

#### Monitoring Data:

Projects are expected to report:

- % of clients who received a PAP test within last 12 months
- % of female clients with breast examination within last 12 months
- breast cancer mortality rate (county)
- cervical cancer death rate (county)

**Genetics:**Monitoring Data:

Projects are expected to report:

- number of pre-diagnosis counseling, by age
- number of post-diagnosis counseling, by age
- number of genetic evaluations and known counseling, by age
- number of genetic evaluations and unknown diagnosis counseling, by age
- number of genetic counseling only, by age
- number of consultations, by age
- number of telephone contacts, by age
- number of referrals to MCH clinic, by age
- number of referrals to First Steps, by age
- number of referrals to CSHCS, by age
- number of referrals to WIC, by age
- number of referrals, by age
- number of prenatal genetic services education session and pre/post test results
- number of clinical genetic services education session and pre/post test results
- number of prenatal genetic services patient satisfaction surveys and results
- number clinical genetic services patient satisfaction surveys and results
- primary indication for referral, by type
- final or best working diagnosis, by type
- number of unduplicated clients seen by county of residence, by type of patient

**Pregnant Women (prenatal care and prenatal care coordination):**Monitoring Data:

Projects are expected to report:

- fetal mortality rate (county)
  - neonatal mortality rate (county)
- (using the Infant Death and Low Birthweight Review Tool, Appendix A-3)

**School-based Adolescents:**Monitoring Data:

Projects are expected to report:

- % of clients with risk factor of substance abuse
- % of clients with risk factor of sexual activity
- % of clients with risk factor of overweight/nutritional problem
- % of clients with risk factor of depression/suicide attempts
- % of clients with risk factor of violence problems
- % of cases of gonorrhea
- % of cases of syphilis
- % of cases of chlamydia trachomatis infection
- % of clients with any risk factor identified
- % of clients with relationship issues identified
- % of clients who reduce or stop smoking



## INFANT DEATH & LOW BIRTHWEIGHT REVIEW

① Month: \_\_\_\_\_ Year: \_\_\_\_\_ ② Date Review Completed: \_\_\_\_\_

③ Site: ☐ Hospital ☐ Clinic ☐ Health Care Provider Office

REF. #	FACTORS Yes/No responses, unless indicated. Space provided for additional data on reverse.	BABY #1	BABY #2	BABY #3	BABY #4	BABY #5	TOTAL
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### Demographics

4	Outcome (FD, ID, LBW, VLBW)						
5	Cause of Death—list						
6	Gestation at birth—list by weeks						
7	Mother—17 years of age or less						
8	Mother—35 years of age or more						
9	Mother lives in urban area						
10	Unintended pregnancy						
11	Married at time of delivery						
12	Mother's race—list						
13	Gravida and parity—list						
14	Multiple birth						
15	Prenatal Care Coordination initiated						
16	Infant transferred to high-risk facility						
17	Mother transferred to high-risk facility						

### Preterm Labor

18	Preterm labor ed documented and verified						
19	Corticosteroids						
20	Treated for Bacterial Vaginosis						

### Smoking During Pregnancy

21	Substance Use						
	a. Tobacco						
	b. Alcohol						
	c. Other Drugs						
22	Infant exposed to environmental smoke						

### Late Entry Into Prenatal Care

23	Prenatal care initiated in first trimester						
24	Difficulty getting first appointment						
25	Access to care problem						
26	Medicaid process problems						

### Decreased Fetal Movement

27	Evidence of fetal movement education						
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### Inadequate Weight Gain

28	Weight gain ≤ 25 pounds						
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### Infant Sleep Position

29	Infant placed on back to sleep						
30	Sleeping w/someone at time of death						

### Other Factors

31	Infant breastfed						
32	Infection—List type						

### MONTHLY STATISTICS:

③③ Total # Births  ③④ Total # Infant Deaths  ③⑤ Total # Still Births   
 ③⑥ # Low Birthweight (<2500 gms)  ③⑦ Total # Very Low Birthweight (<1500 gms)

## FURTHER EXPLANATION

■ Please add additional information on items using table below as needed.

Item #	Additional notes

## FACILITY CONTACT

Facility Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Department/Title: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

## HIGH-RISK FACILITY CONTACT

Facility Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Department/Title: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

## OTHER KEY CONTACTS

Baby #: \_\_\_\_\_ Name: \_\_\_\_\_ Facility: \_\_\_\_\_

Department/Title: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

## PERFORMANCE IMPROVEMENT ACTIVITY PLAN

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## REVIEWERS

Name	Affiliation/Facility	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional information regarding perinatal programs in Indiana,  
contact the Indiana Perinatal Network at 317.818.9486 or e-mail [IPNBABY@aol.com](mailto:IPNBABY@aol.com)  
IPN Web Site: [www.indianaperinatal.org](http://www.indianaperinatal.org)

**MCH DEFINITIONS  
FY 2004 - 2005**

**Client** – a recipient of services that are supported by program expenses funded in whole or in part by the Title V (MCH Block Grant) or local Title V (MCH) matching dollars

**Program Expenses** – any expense included in the budget that the MCH project proposes to be funded by MCH or MCH matching dollars (includes staff, supplies, space costs, etc.)

**Matching Funds** – At least 30% of the Title V award. Whatever dollars the project assigns to support the MCH funded service (includes Medicaid or other income generated by service provision)

**Types of Clients** – pregnant women, infants, children, adolescents, and adult women

**MCH Supported Services** – Direct medical and dental care – family planning, prenatal care, child health (infant, child adolescent), women's health  
- Enabling services – prenatal care coordination, family care coordination

These definitions will allow MCH projects to include all clients seen that are funded by Title V or Title V match dollars in their client count. They will also allow projects to enroll all clients that are served by staff paid with Title V or Title V matching funds.

**INDIANA MCH SYSTEMS DEVELOPMENT CONSULTANT ASSIGNMENTS**

Larry Nelson, Team Leader  
 317/233-1344, [lnelson@isdh.state.in.us](mailto:lnelson@isdh.state.in.us)  
 Andrea L. Wilkes Team Leader  
 317/233-1246, [awilkes@isdh.state.in.us](mailto:awilkes@isdh.state.in.us)  
 Maternal & Child Health Division

<b>CONSULTANT NAMES</b>	<b>COUNTIES COVERED</b>
<b>LARRY NELSON, Team Leader</b> 317/233-1344 <a href="mailto:lnelson@isdh.state.in.us">lnelson@isdh.state.in.us</a>	Dearborn, Fountain, Henry, Madison, Montgomery, Ohio, Parke, Putnam, Switzerland Tippecanoe, and Vermillion
<b>ANDREA L. WILKES, Team Leader</b> 317/233-1246 <a href="mailto:awilkes@isdh.state.in.us">awilkes@isdh.state.in.us</a>	Elkhart, Delaware, Ripley
<b>NANCY B. MEADE, Team Leader</b> 317/233-1257 <a href="mailto:nmeade@isdh.state.in.us">nmeade@isdh.state.in.us</a>	Porter, LaPorte
<b>BETH JOHNSON, R.N., M.S.N.</b> 317/233-1249 <a href="mailto:bmjohnson@isdh.state.in.us">bmjohnson@isdh.state.in.us</a>	Decatur, Fayette, Franklin, Hancock, Jasper, Lake, Marion, Newton, Rush, Shelby, Union, and Wayne
<b>DONNA MYERS, R.N., M.S.</b> 317/233-1259 (ISDH Office) <a href="mailto:dmyers@isdh.state.in.us">dmyers@isdh.state.in.us</a>	Bartholomew, Brown, Clark, Crawford, Clay, Daviess, Dubois, Floyd, Gibson, Greene, Harrison, Hendricks, Jackson, Jefferson, Jennings, Johnson, Knox, Lawrence, Martin, Monroe, Morgan, Orange, Owen, Perry, Pike, Posey, Scott, Spencer, Sullivan, Vanderburgh, Warrick, and Washington
<b>GERSHON GAMOR, M.S.W., L.C.S.W.</b> 317/233-1239 <a href="mailto:ggamor@isdh.state.in.us">ggamor@isdh.state.in.us</a>	Adams, Allen, Blackford, Boone, Carroll, Cass, Clinton, DeKalb, Fulton, Grant, Hamilton, Howard Huntington, Jay, Kosciusko, LaGrange, Madison Marshall, Miami Noble, Pulaski, Randolph, St. Joseph, Starke, Steuben, Tipton, Wabash, Wells, White, Whitely, and Statewide Social Worker and Statewide Free Pregnancy Test Program
<b>CAROLYN WALLER, Ph.D.</b> 317/233-1269 <a href="mailto:cwaller@isdh.state.in.us">cwaller@isdh.state.in.us</a>	Benton, Vigo, Warren, & Statewide Prenatal Substance Use Prevention Program
<b>KATHERINE NEWLAND, MPH</b> 317/233-1374 <a href="mailto:knewland@isdh.state.in.us">knewland@isdh.state.in.us</a>	Statewide Adolescent Coordinator
<b>KIRSTIN SCHWANDT, M.S., C.G.C</b> Genetics Specialist <a href="mailto:kschwand@isdh.isdh.state.in.us">kschwand@isdh.isdh.state.in.us</a>	Statewide Genetics Program Grantees in Allen, Clark, Delaware Jefferson, Harrison, Lake, LaPorte, Marion, Monroe, St. Joseph, Tippecanoe, Vanderburgh and, Vigo, Counties

**DISCIPLINE SPECIFIC KEY**

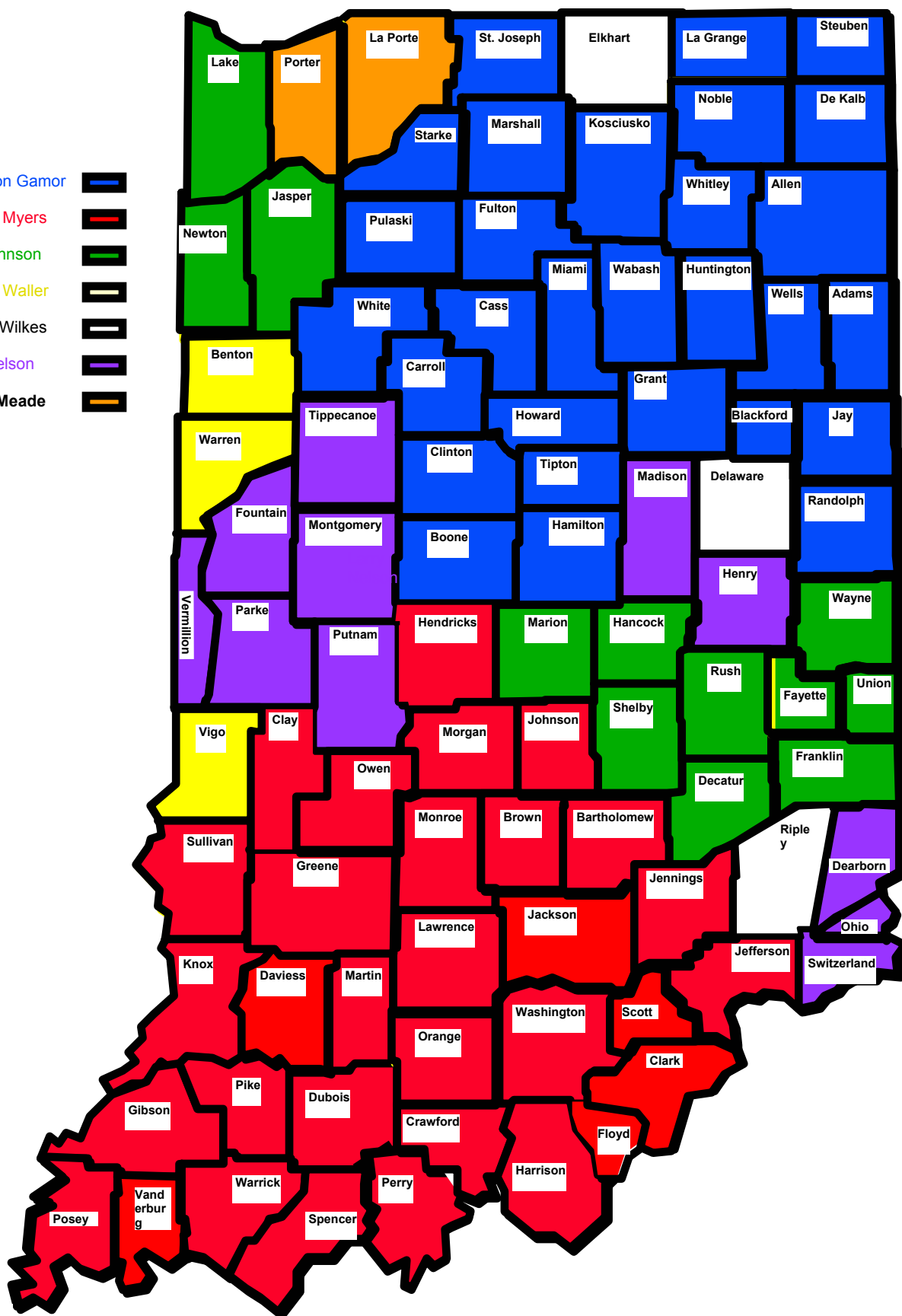
Upon request each county consultant will provide programmatic discipline specific consultation to grantees and other agencies in their assigned counties in the discipline for which they are trained.



# MCH Consultant Assignments

Appendix C

- Gershon Gamor
- Donna Myers
- Beth Johnson
- Carolyn Waller
- Andrea Wilkes
- Larry Nelson
- Nancy Meade



# Hoosier Healthwise Pediatric Physician Participation

## December 2002

(Hoosier Healthwise doctors EXCLUDED: All Internal Medicine, OB/GYNs, and PMPs that only take patients older than 17)

	Hoosier Healthwise Pediatric PMP Enrollment (1)	Hoosier Healthwise Pediatric PMP Panel Slots (2)	Hoosier Healthwise Enrollees linked and Pending linkage to Pediatric PMPs, December 2002 (3)	Percent of Pediatric PMP Panels that are Full	Average Number of Hoosier Healthwise Enrollees per Pediatric PMP
ADAMS	1	2,000	832	42%	832
ALLEN	89	49,579	25,951	52%	292
<b>BARTHOLOMEW</b>	<b>17</b>	<b>3,572</b>	<b>4,515</b>	<b>126%</b>	<b>266</b>
BENTON	5	1,820	511	28%	102
BLACKFORD	3	2,900	918	32%	306
BOONE	6	2,300	1,449	63%	242
BROWN	2	2,300	482	21%	241
CARROLL	4	1,710	816	48%	204
CASS	15	12,350	3,348	27%	223
CLARK	31	23,797	6,770	28%	218
CLAY	11	18,250	2,186	12%	199
<b>CLINTON</b>	<b>6</b>	<b>1,232</b>	<b>1,497</b>	<b>122%</b>	<b>250</b>
<input checked="" type="checkbox"/> <b>CRAWFORD</b>	<b>1</b>	<b>1,000</b>	<b>699</b>	<b>70%</b>	<b>699</b>
DAVIESS	7	2,975	1,843	62%	263
DEARBORN	15	4,629	2,692	58%	179
DECATUR	13	3,903	1,610	41%	124
<b>DEKALB</b>	<b>13</b>	<b>2,100</b>	<b>1,940</b>	<b>92%</b>	<b>149</b>
DELAWARE	34	18,713	10,326	55%	304
DUBOIS	11	7,695	2,122	28%	193
<b>ELKHART</b>	<b>57</b>	<b>15,260</b>	<b>12,879</b>	<b>84%</b>	<b>226</b>
FAYETTE	6	2,317	1,825	79%	304
FLOYD	20	9,196	5,644	61%	282
FOUNTAIN	3	1,514	686	45%	229
<b>FRANKLIN</b>	<b>6</b>	<b>1,445</b>	<b>1,097</b>	<b>76%</b>	<b>183</b>
FULTON	9	8,800	1,715	19%	191
GIBSON	11	9,308	1,821	20%	166
GRANT	15	12,733	6,858	54%	457
GREENE	9	5,500	1,469	27%	163
HAMILTON	25	5,377	3,636	68%	145
<b>HANCOCK</b>	<b>7</b>	<b>944</b>	<b>946</b>	<b>100%</b>	<b>135</b>
<b>HARRISON</b>	<b>8</b>	<b>2,134</b>	<b>2,013</b>	<b>94%</b>	<b>252</b>
<b>HENDRICKS</b>	<b>18</b>	<b>2,665</b>	<b>2,412</b>	<b>91%</b>	<b>134</b>
HENRY	14	6,649	3,827	58%	273
HOWARD	15	10,724	6,731	63%	449
HUNTINGTON	18	10,987	2,305	21%	128
<b>JACKSON</b>	<b>5</b>	<b>1,000</b>	<b>1,206</b>	<b>121%</b>	<b>241</b>
JASPER	11	11,500	1,452	13%	132
JAY	9	2,566	1,443	56%	160
JEFFERSON	12	3,194	2,484	78%	207
JENNINGS	8	2,392	1,875	78%	234
JOHNSON	30	10,561	6,462	61%	215
KNOX	12	7,725	3,741	48%	312
KOSCIUSKO	28	5,950	3,671	62%	131
<b>LAGRANGE</b>	<b>7</b>	<b>4,000</b>	<b>1,421</b>	<b>36%</b>	<b>203</b>
LAKE	179	185,170	54,851	30%	306
LAPORTE	32	15,157	8,155	54%	255
LAWRENCE	17	9,366	4,243	45%	250
MADISON	48	18,981	10,818	57%	225
MARION	214	160,367	87,974	55%	411
MARSHALL	20	8,724	2,927	34%	146
MARTIN	3	650	439	68%	146
<input checked="" type="checkbox"/> <b>MIAMI</b>	<b>11</b>	<b>5,515</b>	<b>2,319</b>	<b>42%</b>	<b>211</b>
MONROE	25	10,909	7,299	67%	292
<input checked="" type="checkbox"/> <b>MONTGOMERY</b>	<b>2</b>	<b>2,871</b>	<b>1,901</b>	<b>66%</b>	<b>951</b>
MORGAN	16	6,410	3,715	58%	232
NEWTON	5	5,550	1,285	23%	257
NOBLE	8	5,500	1,518	28%	190
<input checked="" type="checkbox"/> <b>OHIO</b>	<b>1</b>	<b>2,000</b>	<b>261</b>	<b>13%</b>	<b>261</b>
ORANGE	7	2,485	1,669	67%	238
OWEN	3	2,350	1,124	48%	375
PARKE	3	5,000	443	9%	148
<b>PERRY</b>	<b>3</b>	<b>1,048</b>	<b>931</b>	<b>89%</b>	<b>310</b>
PIKE	6	4,150	1,016	24%	169
PORTER	18	7,340	4,997	68%	278

# Hoosier Healthwise Pediatric Physician Participation

## December 2002

(Hoosier Healthwise doctors EXCLUDED: All Internal Medicine, OB/GYNs, and PMPs that only take patients older than 17)

	Hoosier Healthwise Pediatric PMP Enrollment (1)	Hoosier Healthwise Pediatric PMP Panel Slots (2)	Hoosier Healthwise Enrollees linked and Pending linkage to Pediatric PMPs, December 2002 (3)	Percent of Pediatric PMP Panels that are Full	Average Number of Hoosier Healthwise Enrollees per Pediatric PMP
POSEY	7	8,300	1,408	17%	201
<input checked="" type="checkbox"/> PULASKI	2	2,350	746	32%	373
PUTNAM	9	4,550	2,140	47%	238
RANDOLPH	7	9,950	1,780	18%	254
RIPLEY	10	1,873	1,433	77%	143
RUSH	7	1,950	1,038	53%	148
ST. JOSEPH	109	70,892	25,493	36%	234
SCOTT	9	6,025	2,026	34%	225
SHELBY	13	4,602	2,415	52%	186
SPENCER	8	3,725	1,035	28%	129
STARKE	8	10,830	2,447	23%	306
● STEUBEN	4	1,450	1,473	102%	368
SULLIVAN	11	16,500	2,554	15%	232
<input checked="" type="checkbox"/> SWITZERLAND	2	400	317	79%	159
TIPPECANOE	30	6,725	7,328	109%	244
TIPTON	7	1,800	632	35%	90
UNION	2	200	205	103%	103
VANDERBURGH	56	35,760	15,441	43%	276
VERMILLION	7	8,250	1,697	21%	242
VIGO	34	25,482	10,491	41%	309
WABASH	14	5,050	1,966	39%	140
WARREN	2	4,000	616	15%	308
WARRICK	13	2,389	1,851	77%	142
● WASHINGTON	6	1,500	1,249	83%	208
● WAYNE	14	6,829	5,999	88%	429
WELLS	17	4,650	2,192	47%	129
WHITE	9	5,570	1,538	28%	171
WHITLEY	10	3,750	1,433	38%	143
OUT OF STATE:					
CINCINNATI, OH (Dearborn)	1	5	5	100%	5
NEW PARIS, OH (Wayne)	3	900	593	7%	10
FORT RECOVERY, OH (Jay)	1	150	10	26%	32
OXFORD, OH (Franklin, Union)	3	380	97	26%	32
MILTON, KY (Jefferson, Switzerland)	1	150	22	15%	22
<b>December 2002 Total</b>	<b>1,704</b>	<b>1,033,746</b>	<b>447,681</b>	<b>52%</b>	<b>234</b>
<b>September 1999 Total</b>	<b>1,486</b>	<b>860,050</b>	<b>315,095</b>	<b>37%</b>	<b>212</b>
<b>Sep 1999 to Dec 2002 Change</b>	<b>218</b>	<b>173,696</b>	<b>132,586</b>	<b>15%</b>	<b>22</b>

- (1) Pediatric Primary Medical Provider (PMP) enrollment includes Family Practitioners, General Practitioners, and Pediatricians who have enrolled as a Hoosier Healthwise PMP, and whose scope of practice includes children.  
Total Unduplicated Pediatric PMP enrollment in November 2002 was 1,699. Total Unduplicated Hoosier Healthwise PMP enrollment in December 2002 was 1,704 (**Current Month Net Change**).
- (2) Panel slots are set by each PMP, and indicate the number of Hoosier Healthwise patients PMPs are willing to have. For purposes of this report, PMPs with sites in two counties had their panel split in half for each county.
- (3) Member enrollment is shown by the PMP's county, not the member's county of residence. Member enrollment includes all Hoosier Healthwise enrollees who are linked to Hoosier Healthwise Pediatric PMPs. Because many Family Practitioners and General Practitioners take both children and adults, this count includes some adults too. This count includes those linked to a PMP, and those with pending linkages to a PMP.
- = counties with 80 percent of their panel full and greater.  
☒ = counties that were at least 80 percent full in September 1999, but less than 80 percent full in December 2002. [Resolved targeted counties].  
 ● = counties that were not at least 80 percent full in September 1999, but are at least 80 percent full as of December 2002. [New targeted counties].

**INDIANA STATE DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH SERVICES  
GRANT APPLICATION SCORING TOOL**

**FY 2004 - FY 2005 MCH Application Review Score:** \_\_\_\_\_

Applicant Agency: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Reviewer: \_\_\_\_\_  
Date of Review \_\_\_\_\_

**Content Assessment**

**1.0 Applicant Information – Form A is complete (3 points)**

Includes ***all*** of the following elements

- \_\_\_\_\_ Title of Project
- \_\_\_\_\_ Federal I.D. #
- \_\_\_\_\_ Medicaid Provider #
- \_\_\_\_\_ FY 2003 MCH contract amount
- \_\_\_\_\_ Funds requested, matching funds contributed
- \_\_\_\_\_ Complete sponsoring agency data
- \_\_\_\_\_ Project Director signature
- \_\_\_\_\_ Authorized legal signature
- \_\_\_\_\_ STEP AHEAD County Coordinator (s) signature(s)
- \_\_\_\_\_ County Health Officer signature
- \_\_\_\_\_ Secretary of State registration

Comments:

**1.0 Score:** \_\_\_\_\_  
(3 points maximum)

**2.0 Table of Contents**

Table indicates the pages where each Section begins including appendices. ☐ Yes ☐ No

\*This document is an adaptation of an instrument by Dr. Wendell F. McBurney, Dean, Research and Sponsored Programs, Indiana University-Purdue University at Indianapolis. Doctor McBurney has granted permission of use of this adaptation.

**3.0 MCH Proposal Narrative and MCH Project Description (15 points)**

**3.1** Narrative includes *all* of the following elements (3.1 = 10 points maximum)

- ☐ Relates to Title V services only
- ☐ Identifies problem(s) to be addressed
- ☐ Objectives are stated
- ☐ Overview of solutions (methods) is provided

**3.2** Form B (**5 points**) (3.2 = 5 points maximum)

- MCH Project Description (B-1)
  - ☐ Brief history is included
  - ☐ Problems to be addressed are identified
  - ☐ Objectives and workplan are summarized
- Clinic Site information (B-2)
  - ☐ Project locations are identified
  - ☐ Target population and numbers to be served by site are identified
  - ☐ MCH and Non-MCH Budget information per site is included

Comments:

**3.0 Score:** \_\_\_\_\_  
(15 points maximum)

**4.0 Applicant Agency Description**

Flows from general to specific and includes *all* of the following elements:

**4.1** Description of sponsoring agency

- ☐ Mission statement
- ☐ Brief history
- ☐ Description of administrative structure (organization chart is included)

**4.2** Discussion of proposer's role in community and local collaboration (MOU's and MOA's attached if not previously submitted)

Comments:

**4.0 Score:** \_\_\_\_\_  
(5 points maximum)

**5.0 Statement of Need**

Must address MCH priorities for which applicant agency is requesting funding:

- ☐ Relates to purpose of applicant agency
- ☐ Supported by statistical data, available on ISDH website and local sources. Data indicates the problem(s) or need(s) exist in the community
- ☐ Describes systems of care
- ☐ Target populations/catchment areas are identified
- ☐ Problem(s)/need(s) identified are ones that applicant can impact
- ☐ Barriers to care are described

- \_\_\_\_\_ Disparities are addressed if county has significant numbers of minority population(s)
- \_\_\_\_\_ Provides services in a targeted high risk county
- \_\_\_\_\_ Provides services in a priority GIS area
- \_\_\_\_\_ Provides services in a HPSA/MUA area
- \_\_\_\_\_ Provides services in an at-risk lead concentration area
- \_\_\_\_\_ Provides child health services in a county with inadequate child health providers (as identified by OMPP – See Appendix D)
- \_\_\_\_\_ Specifically addresses ISDH priority needs identified in local service area(s)

Comments:

**5.0 Score:** \_\_\_\_\_  
(30 points maximum)

## 6.0 Tables

MCH service forms and tables are completed for services proposed.

- \_\_\_\_\_ Pregnant women
- \_\_\_\_\_ Child health
- \_\_\_\_\_ Family planning
- \_\_\_\_\_ Genetics
- \_\_\_\_\_ School-based adolescent health
- \_\_\_\_\_ Family care coordination
- \_\_\_\_\_ Women's health
- \_\_\_\_\_ Performance objectives are included
- \_\_\_\_\_ Appropriate activities are included
- \_\_\_\_\_ Appropriate measures, documentation, and staff responsible for measuring activities are included

Comments:

**6.0 Score:** \_\_\_\_\_  
(15 points maximum)

## 7.0 Evaluation Plan Narrative

- \_\_\_\_\_ Project-specific objectives are measurable
- \_\_\_\_\_ Staff responsible is identified
- \_\_\_\_\_ Data to be collected and method(s) to be collected are identified
- \_\_\_\_\_ Appropriate methods are used to analyze data
- \_\_\_\_\_ How and to whom data will be reported are identified
- \_\_\_\_\_ Measures to be taken if improvement is needed are identified
- \_\_\_\_\_ Client survey(s) and quality assurance are included in the plan

Comments:

**7.0 Score:** \_\_\_\_\_  
(5 points maximum)

**8.0 Staff**

- \_\_\_\_\_ Staff is qualified to operate proposed program
- \_\_\_\_\_ Staff is adequate
- \_\_\_\_\_ Job description and curriculum vitae of key staff are included as an appendix

Comments:

**8.0 Score:** \_\_\_\_\_  
(5 points maximum)

**9.0 Facilities**

- \_\_\_\_\_ Facilities are adequate to house the proposed program
- \_\_\_\_\_ Facilities are accessible for individuals with disabilities
- \_\_\_\_\_ Facilities will be smoke-free at all times
- \_\_\_\_\_ Hours of operation are posted and visible from outside the facility

Comments:

**9.0 Score:** \_\_\_\_\_  
(4 points maximum)

**10.0 Budget and Budget Narrative**

- \_\_\_\_\_ Budget pages 1, 2, and 3 are complete for each year
- \_\_\_\_\_ Budget narratives include justification for each line item and are completed for each year
- \_\_\_\_\_ Relationship between budget and project objectives is clear
- \_\_\_\_\_ All expenses are directly related to project
- \_\_\_\_\_ Time commitment to project is identified for major staff categories
- \_\_\_\_\_ Budget correlates with project duration
- \_\_\_\_\_ Funding received for ISDH **Form C is complete**

Comments:

**10.0 Score:** \_\_\_\_\_  
(13 points maximum)

## 11.0 Endorsements

- \_\_\_\_\_ From organizations able to effectively coordinate programs and services with applicant agency
- \_\_\_\_\_ Memoranda of Understanding (MOU) clearly delineate the roles and responsibilities of the involved parties in the delivery of community-based health care
- \_\_\_\_\_ Endorsements and/or MOU's are current
- \_\_\_\_\_ Letters and a summary of the proposed program have been sent to all health officers in jurisdictions within the proposed service area (unless health officer(s) has signed Form A)

Comments:

**11.0 Score:** \_\_\_\_\_  
(5 points maximum)

**TOTAL SCORE:** \_\_\_\_\_  
(100 points maximum)

## CHECKLIST

The following forms are completed:

Application Information – **Form A** ☐ Yes ☐ No

MCH Project Description – **Form B**, (B1, B2) ☐ Yes ☐ No

Funding Received thru ISDH – **Form C** ☐ Yes ☐ No

### Informing Local Health Officers of Proposed Submission

- Includes letters to all health officers in jurisdictions included in proposed service area(s) or signature(s) of health officer(s) on Form A ☐ Yes ☐ No



**Project Performance During FY 2002**

The Regional Health Systems Development Consultant (primary reviewer) should describe below performance achievements and/or problems/concerns identified in review of the FY 2002 Annual Performance Report that are relevant to this proposal.